

CP

ELECTRONICALLY FILED

CA 1305118

Prop 93

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California State Pipe Trades Council Political Action Committee		Date of This Filing 01/22/2008	Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California SF JAN 22 2008 LA DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 446-7311	I.D. NUMBER (if applicable) 743895	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814		
		No. of Pages 1		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	Yes on Prop. 93. Committee for Term Limits & Legislative Reform (#1296108) Sacramento, CA 95814	Limits on Legislators' Terms in office. Initiative Constitutional Amendment.	70,000.00	02/05/2008

Reason for Amendment: _____

FPPC Form 497 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

36800-111

Late Contribution Report

Prop 93
Filed Electronically

89013.08

LATE CONTRIBUTION REPORT

NAME OF FILER California State Council of Service Employees Issues Committee		Date of This Filing 01/22/2008	Date Stamp JAN 22 2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (916) 442-3838	I.D. NUMBER (if applicable) 960895	Report No. LC-26			
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. (explain below)			
CITY Sacramento	STATE CA	ZIP CODE 95814	No. of Pages 1		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/21/2008	Yes on 93, Committee for Term Limits and Legislative Reform Sacramento, CA I.D. Number: 1296108	Proposition 93, Limits on Legislators' Terms in Office, Statewide	27,646.20 #2008-0111	02/05/2008

Reason for Amendment: _____

- ☒ Secretary of State
 ☐ FEC
 ☒ Los Angeles County
 ☒ SF City & County
 ☐ Sacramento County
 ☐ City of Sacramento
☐ Alameda County
☐ Fresno County
☐ Merced County
☐ Monterey County
☐ San Joaquin County
☐ Santa Barbara County
☐ Santa Clara County
☐ Santa Cruz County
☐ Solano County
☐ Yolo County
 If Other Than Above Please List: _____

MD

Late Contribution Report

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PROP 93

NAME OF FILER VINOD KHOSLA	
AREA CODE/PHONE NUMBER	I.D. NUMBER (Applicable) 1224786
STREET ADDRESS	
CITY MENLO PARK, CA	STATE CA
ZIP CODE 94025	

Date of This Filing 01/22/2008

Report No. LCR07-013

☐ Amendment to Report No. (explain below)

No. of Pages 1

RECEIVED AND FILED
Office of the Secretary of the State of California
JAN 22 2008
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Secretary of State
RIBB

CONTRIBUTION REPORT
CALIFORNIA FORM 497
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Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (OF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	ALLIANCE FOR CALIFORNIA'S RENEWAL (N1302319) RANCHO ST MARGARITA, CA 92688	GENERAL PURPOSE COMMITTEE	10,000.00	

☒ Secretary of State Political Reform Division
FAX: (916) 653-8045
☒ San Francisco County Registrar of Voters
FAX: (415) 554-7344
☒ L.A. County Registrar/Recorder Campaign Reporting
FAX: (562) 651-2548
☐ FAX: ()

Reason for Amendment

7572.01 8/22/07/jr

FPPC Form 497 (January 03)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

MD

Prop 93

Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER Southern Wine & Spirits of California, Inc ; Southern Wine & Spirits of America, Inc.		Date of This Filing 01/22/2008	RECEIVED AND FILED in the office of the Secretary of State of the State of California JAN 22 2008 DEBRA BOWEN Secretary of State	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER 510/477-5500	ID. NUMBER (if applicable) 484236	Report No. 1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Union City, CA	STATE CA	ZIP CODE 94587		
		No. of Pages 1		

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (if COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	Yes on 93, Citizens for Accountability & Legislative Reform (#1299457) Sacramento, CA 95814	Prop 93 - Limits on Legislators' Terms in Office	12,500.00	
01/22/2008	Yes on 93, Committee for Term Limits & Legislative Reform (#1296108) Sacramento, CA 95814	Prop 93 - Limits on Legislators' Terms in Office	12,500.00	

Reason for Amendment: _____

[Signature]

01/22/2008 18:28 OLSON, HAGEL 9164421280 + SOS NO.062 D001

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PROP 93

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Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER CDF Firefighters Issues Committee sponsored by CDF Firefighte- rs			Date of This Filing <u>01/22/2008</u>	RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State 1/2	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER (209) 742-4153	I.D. NUMBER (if applicable) 1277100		Report No. <u>LCM-80122</u>		
STREET ADDRESS			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY MARIPOSA	STATE CA	ZIP CODE 95338-1209	No. of Pages <u>2</u>		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment _____

Late Contribution Report

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2/2

LATE CONTRIBUTION REPORT

NAME OF FILER CDF Firefighters Issues Committee sponsored by CDF Firefighters		Date of This Filing _____	RECEIVED AND FILED in the office of the Secretary of State of the State of California FORM 497 JAN 22 2008 DEBRA BOWEN Secretary of State 2 / 2	For Official Use Only
AREA CODE/PHONE NUMBER	ID NUMBER (if applicable) 1277100	Report No. _____		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY	STATE	ZIP CODE		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008 	CITIZENS FOR ACCOUNTABILITY AND LEGISLATIVE REFORM SACRAMENTO CA 95814 ID: 1299457	STATE OF CALIFORNIA Ballot 93 Statewide STATE OF CALIFORNIA Dist:	15000 00	02/05/2008
01/22/2008 	COMMITTEE FOR TERM LIMITS AND LEGISLATIVE REFORM SACRAMENTO CA 95814 ID: 1296108 Ref: <input type="checkbox"/>	STATE OF CALIFORNIA Ballot 93 Statewide STATE OF CALIFORNIA Dist:	15000.00	02/05/2008
	ID:	Ballot: Dist:		
	ID:	Ballot: Dist:		

Reason for Amendment: _____

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Prop 93

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2-21 received activity

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Voter Education and Registration Fund		Date of This Filing 01/22/2008	Date Stamp JAN 22 2008	CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State
AREA CODE/PHONE NUMBER 916-248-9100	ID NUMBER (if applicable) 1255848	Report No. 01222008-1		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY Sacramento, CA	STATE CA	ZIP CODE 95814	No. of Pages 21	

Late Contribution(s) Made

DATE MADE	FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)
01/22/2008	Yes on 93, Citizens For Accountability & Legislative Reform (#1299457) Sacramento, CA 95814	Limits on Legislators' Terms in Office. Initiative Constitutional Statewide	200,000.00	02/05/2008

Reason for Amendment _____